

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		9/29/00
O.I.P.E. CLASSIFIER	<i>W</i>	45	10/5
FORMALITY REVIEW	<i>JO</i>	<i>12/28/00</i>	11-1-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/5/00
2	✓	✓	10/5/00
3	✓	✓	10/5/00
4	✓	✓	10/5/00
5	✓	✓	10/5/00
6	✓	✓	10/5/00
7	✓	✓	10/5/00
8	✓	✓	10/5/00
9	✓	✓	10/5/00
10	✓	✓	10/5/00
11	✓	✓	10/5/00
12	✓	✓	10/5/00
13	✓	✓	10/5/00
14	✓	✓	10/5/00
15	✓	✓	10/5/00
16	✓	✓	10/5/00
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18	✓	✓	10/5/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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